

Amendment to the Claims:

This listing of claims will replace all prior versions and listings of the claims in the application:

Listing of Claims:

Claim 1 (currently amended): A method of treating multiple sclerosis (MS), comprising administering to an individual in need thereof a combination treatment comprising a pharmaceutically-effective amount of a combination of both chaperonin 10 (cpn10) and IFN- β , wherein the amount of IFN- β administered in the combination is at an amount that would be clinically ineffective if administered alone, and the administered, clinically ineffective suboptimal such that the administration of the suboptimal amount of IFN- β administered in the combination with cpn10 does not produce IFN- β -induced side effects in the individual and the suboptimal amount of IFN- β is not effective if administered alone to the individual.

Claim 2 (canceled)

Claim 3 (previously presented): The method of claim 1, wherein IFN- β and cpn10 are administered together in the same formulation.

Claim 4 (previously presented): The method of claim 1, wherein IFN- β and cpn10 are administered separately in different formulations.

Claim 5 (previously presented): The method of claim 1, wherein the IFN- β and the cpn10, or, the IFN- β or the cpn10, are administered by injection.

Claim 6 (previously presented): The method of claim 1, wherein the IFN- β and the cpn10, or, the IFN- β or the cpn10, is administered orally.

Claim 7 (previously presented): The method of claim 5, wherein only the IFN- β is administered by injection.

Claim 8 (previously presented): The method of claim 1, wherein the pharmaceutically effective amount of cpn10 comprises 5-60 mg of cpn10.

Claim 9 (previously presented): The method of claim 8, wherein the pharmaceutically-effective amount of cpn10 comprises 10-30 mg of cpn10.

Claim 10 (previously presented): The method of claim 1, wherein the pharmaceutically-effective amount of IFN- β comprises 1-10 Million International Units (MIU) of IFN- β .

Claim 11 (previously presented): The method of claim 10, wherein the pharmaceutically-effective amount of IFN- β comprises 4-6 MIU of IFN- β .

Claims 12 to 24 (canceled)

Claim 25 (currently amended): A method of treating multiple sclerosis (MS) in an individual taken off IFN- β treatment or having reduced dose IFN- β treatment because of IFN- β -induced side effects, comprising administering to an individual in need thereof a combination treatment comprising pharmaceutically-effective amounts of a combination of both chaperonin 10 (cpn10) and IFN- β , wherein the IFN- β is administered at a dose that dosage in the combination does not produce IFN- β -induced side effects in the individual and the dosage of IFN- β in the combination would not be clinically effective if administered alone.

Claim 26 (canceled)

Claim 27 (previously presented): The method of claim 1, wherein the cpn10 and IFN- β , or, cpn10 or IFN- β , are administered in a pharmaceutical composition comprising a pharmaceutically-acceptable carrier or a diluent.

Claim 28 (previously presented): The method of claim 27, wherein the cpn10 and the IFN- β are provided in a separate container.

Claim 29 (previously presented): The method of claim 27, wherein the cpn10 and IFN- β , or, cpn10 or IFN- β , are provided initially in a dehydrated form, which before administration, are rehydrated by a pharmaceutically-acceptable carrier or diluent.

Claim 30 (previously presented): The method of claim 27, wherein the cpn10 is administered in a tablet or a capsule form.

Claim 31 (canceled)

Claim 32 (currently amended): A method for treating multiple sclerosis (MS), comprising

- (a) providing a pharmaceutical composition comprising a combination of cpn10 and IFN- β , or providing two pharmaceutical compositions each comprising cpn10 or IFN- β ; and
- (b) administering to an individual in need thereof a pharmaceutically-effective amount of a combination of cpn10 and IFN- β ,

wherein the IFN- β is administered in the combination at a dose that does not produce IFN- β -induced side effects in the individual, and the dosage of IFN- β in the combination would not be clinically effective if administered alone.

Claim 33 (previously presented): The method of claim 1, wherein the pharmaceutically effective amount of cpn10 comprises administering about 5 to 60 mg of cpn10 to a 70 kg individual.

Claim 34 (previously presented): The method of claim 33, wherein the pharmaceutically effective amount of cpn10 comprises administering about 10 to 30 mg of cpn10 to a 70 kg individual.

Claim 35 (previously presented): The method of claim 1, wherein the pharmaceutically effective amount of IFN- β comprises administering about 1 to 10 Million International Units (MIU) of IFN- β .

Claim 36 (previously presented): The method of claim 35, wherein the pharmaceutically effective amount of IFN- β comprises administering about 4 to 6 Million International Units (MIU) of IFN- β .

Claim 37 (previously presented): The method of claim 25, wherein the cpn10 and IFN- β , or, cpn10 or IFN- β , are administered in a pharmaceutical composition comprising a pharmaceutically-acceptable carrier or a diluent.

Claim 38 (previously presented): The method of claim 37, wherein the cpn10 and the IFN- β are provided in a separate container.

Claim 39 (previously presented): The method of claim 37, wherein the cpn10 is administered in a tablet or a capsule form.

Claims 40 to 42 (canceled)

Claim 43 (currently amended): A method of treating multiple sclerosis (MS) in an individual taken off IFN- β treatment or having reduced dose IFN- β treatment because of IFN- β -induced side effects, comprising administering to an individual in need thereof a combination treatment comprising pharmaceutically-effective amounts of a combination of both chaperonin 10 (cpn10) and IFN- β , wherein the IFN- β is administered at a dose that dosage in the administered combination does not produce IFN- β -induced side effects in the individual, and the dosage of IFN- β in the combination would not be clinically effective if administered alone,

wherein the cpn10 is administered daily and the IFN- β is administered once weekly or thrice weekly.

Claim 44 (currently amended): A method for delaying relapse to an active from an inactive state of multiple sclerosis (MS), comprising

(a) providing two pharmaceutical compositions each comprising cpn10 or IFN- β , wherein one of the pharmaceutical compositions comprises cpn10 and the other pharmaceutical composition comprises IFN- β ; and

(b) administering to an individual in need thereof a pharmaceutically-effective amount of a combination of the cpn10 and IFN- β , wherein the cpn10 is administered daily and the IFN- β is administered once weekly or thrice weekly, and the IFN- β is administered at a dose that dosage in the administered combination does not produce IFN- β -induced side effects in the individual, and the dosage of IFN- β in the combination would not be clinically effective if administered alone.